

POSITION	ID NO.	DATE
CLASSIFIER	10	4-14-57
EXAMINER	11	6-2-57
TYPIST	me	6-30
VERIFIER	1100	7/1
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Date
1	11/11
2	11/11
3	11/11
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